

## SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

### **Minutes of the Audit Committee Meeting of the South Eastern Health & Social Care Trust held on Thursday 11 April 2024 at 12 noon in the Boardroom, Trust Headquarters, Ulster Hospital, Dundonald**

- PRESENT:** Mr N Brady, Non-Executive Director (Chair)  
Mrs A Quirk, Non-Executive Director  
Mrs J O'Hagan, Non-Executive Director  
Mr K Donaghy, Non-Executive Director  
Mr N McKinley, Non-Executive Director
- IN ATTENDANCE:** Ms W Thompson, Deputy Chief Executive, Director of Finance & Estates  
Mr C Martyn, Medical Director (until 12.48pm)  
Mrs C McKeown, Head of Internal Audit, BSO Internal Audit  
Mrs J McCaw, Internal Auditor, BSO Internal Audit  
Ms L Campbell, Assistant Director, Financial Services  
Ms R Porter, Audit Manager, NIAO  
Mr B Clerkin, Director, ASM Chartered Accountants  
Ms A O'Doherty, Head of HSC Sponsorship Branch (DoH Observer)  
Mrs M McNally, Assistant Director, Risk Management & Governance/Trust Board Secretary  
Ms K Hoy, Fraud Liaison Officer, Financial Services

#### **OPENING REMARKS**

**Mr Brady** opened the meeting by advising today's meeting would be recorded for the purposes of minute-taking as the minute-taker was on annual leave. **Mr Brady** also covered a number of housekeeping matters.

**Mr Brady** took the opportunity to welcome three new Non-Executive Directors to the Committee, namely Mrs Quirk, Mr Donaghy and Mr McKinley. **Mr Brady** also welcomed Ms O'Doherty, recently appointed Head of DoH HSC Sponsorship Branch, who introduced herself and outlined her role. **Mr Brady** also welcomed Ms Porter from NIAO deputising for Ms Murphy who will replace Mr Knox as Audit Manager following his recent retirement.

**Mr Brady** advised Mr Martyn had joined the meeting to discuss the conclusions of the Audit into Payments to Staff and specifically the Job Planning element of the Audit. **Mr Brady** referred to **Item 7.1 SET Audit Committee Progress Report** and specifically Pages 3 to 21 of the Report. With the agreement of Members, consideration of this item was taken at this juncture to facilitate Mr Martyn's clinical commitments.

**Mrs McKeown** highlighted Page 6 of the Report where it was noted an Unacceptable rating of Assurance had been determined in respect of the Management of Job Planning and a Limited rating of Assurance had been arrived at for Payments to Medical Staff. **Mrs McKeown** explained Internal Audit had provided Unaccepted assurance on the basis that 74% of Consultants/SAS Doctors as per the Trust's central job plan database do not have up to date (approved within the last year) job plans in place. **Mrs McKeown** stated the process would benefit from enhanced corporate oversight and direction to drive the significant

improvement necessary to ensure all Consultant/SAS doctors have a current/annual job plan as without an approved and updated job plan there was limited evidence that medical staff were being effectively managed and HSC time utilised to best effect in the context of significant waiting times. **Mrs McKeown** also stated a robust process for monitoring the timely completion of job plans was not in place and there was no reporting on the status of completed job plans within the Trust's governance framework.

**Mrs McKeown** also stated there was Limited Assurance in relation to Payments of Medical Staff on the basis that control over both contractual and additional payments requires strengthening with sample testing identifying both over and under payments in relation to contractual payments. **Mrs McKeown** also noted Staff in Post (SIP) checking processes remain a significant issue due to a high non-response rate adding this had improved since the previous review. **Mrs McKeown** then outlined four significant findings alongside two key findings resulting in 2 Priority 1 (Job Plan Completion), 19 Priority 2 and 1 Priority 3 Recommendations.

**Mr Martyn** addressed the assurance rating for Job Planning detailing how the current process operated, the non-operational role of the Office of Medical Director within that process and the significant pressures being faced by clinicians whose primary focus was maintaining patient safety in the context of unprecedented demand. **Mr Martyn** stated that, while he accepted the Audit findings, there was insufficient recognition of the extenuating factors he had outlined adding there was a need to review the frequency and mandated timings associated with Job Plans which are determinations which lie outwith his office.

**Mr Brady** raised a concern on what he viewed to be a limited sample size and advised his reading of the Audit findings would suggest it would have been more appropriate to provide Limited rather than Unacceptable assurance. **Mrs McKeown** replied she had confidence in the Audit process and its outcome. **Mrs O'Hagan** asked what other potential impacts may there be arising from the lack of progress on Medical Job Plans and expressed her concern about the impact on patient safety together with the Trust's overall performance including waiting list times. **Mrs O'Hagan** also asked for clarity with regard to who had responsibility for completion of such Job Plans. **Mrs O'Hagan** highlighted findings from the Independent Neurology Inquiry (INI) which had identified failings in how Clinical Directors were managing Consultant staff. **Mrs O'Hagan** also asked if their role was discussed as part of their Appraisals. **Mr Martyn** advised Directorates had key responsibilities for completion of Job Planning and his office was responsible for holding a central register which ideally would be electronic in nature but this would require time and investment to source. **Mrs O'Hagan** stated there appeared to be a need for clearer accountability with Clinical Directors in this regard. **Mrs McKeown** stated a key issue was corporate oversight. **Mr Brady** asked how this could be linked together in the absence of an improved IT solution. **Ms Thompson** replied additional resource has been earmarked for the Office of the Medical Director in the absence of such a solution and Management had accepted the need for more regular reporting to EMT forming the basis of the enhanced corporate oversight request being made.

**Mrs O'Hagan** referred to the findings relating to Payments of Medical Staff and asked why more progress had not been made in this area given that it had been highlighted in a previous report by Internal Audit. **Mrs O'Hagan** highlighted the on-going high spend associated with local doctors and the necessity to address this issue. **Mrs O'Hagan** specifically referred to Paragraph 2 on Page 7 of the Report and the possible connection between the Payments issue and Job Planning. **Mr Martyn** advised this was Directorate led with only the professional aspects coming through his office. **Mrs O'Hagan** asked if the recommendation on claim forms had now been accepted and **Ms Thompson** confirmed this had been already actioned.

**Mr Donaghy** stated he understood the complexities that sometimes arise with approving revised Job Plans but was concerned the current process may not be working as intended. **Mr Donaghy** asked for clarification the Unacceptable rating was not being disputed and this was confirmed with **Mr Martyn** having provided additional context as to why the recommendations had been accepted. **Mrs O'Hagan** stated today's discussion had been helpful in guiding the Committee on how to support progress moving forward adding if this equated to a patient safety issue it would immediately receive high priority. **Mrs O'Hagan** stated Members now had a better insight into the resource issues involved but that she was still not clear on who was responsible on delivering on the recommendations. **Mrs O'Hagan** added she had concerns that out of date Job Plans created risk for the Trust in the context of staff also undertaking private sector work and asked if the People & Organisational Development team might have a role in a plan to take this work forward. **Mr Brady** replied he understood this was already underway. **Mrs O'Hagan** added there would be real benefit to a composite plan of action with responsibilities defined and assigned. **Ms Thompson** stated EMT were content to take forward an Action Plan as appropriate.

At this juncture, **Mr Brady** thanked Mr Martyn for his attendance who then left the meeting (12.48pm).

**Mr Donaghy** asked what the next steps might be in terms of a way forward. **Ms Thompson** advises Directorates would consider the findings in the context of their respective risks. **Mrs O'Hagan** asked how the findings in respect to this Audit might be escalated as she remained uncertain as to the service impacts involved and **Ms Thompson** explained the approach previously taken. Following discussion, **Mr Brady** proposed and Members agreed a report be prepared for Trust Board consideration.

## **1.0 APOLOGIES**

Apologies were recorded on behalf of Ms Murphy (NIAO Audit Manager).

## **2.0 DECLARATION OF POTENTIAL CONFLICTS OF INTEREST**

There were no declarations made at this juncture or during the meeting.

## **3.0 MINUTES OF THE PREVIOUS MEETINGS HELD ON 1 FEBRUARY 2024**

Members agreed the minutes of the meeting held on 1 February 2024, having been previously circulated, as a true and accurate record.

## **4.0 MATTERS ARISING**

Members noted **SET/AC/15/24** Matter Arising Sheet which detailed two actions arising with all now having been completed.

## **5.0 ITEMS FOR DISCUSSION**

### **5.1 REPORT ON INCIDENTS OF THEFT AND FRAUD**

Members received, for discussion, **SET/AC/16/24 Report on Incidents of Theft and Fraud** with **Ms Campbell** providing a detailed overview of key highlights as of 29 February 2024.

Discussion ensued with Members raising a number of questions in relation to specific matters referred to within the Report and **Ms Campbell** responding to each in turn. **Mr Brady** commended the work Ms Hoy had been leading in relation to Fraud Awareness and engagement with Trade Union colleagues in this area.

**Mr McKinley** referred to examples contained within the Report where overpayments had been made when line managers had not updated HR systems that a staff member had left or hours changed. **Mr McKinley** asked if this suggested a cultural issue in terms of managerial compliance with policies and procedures as this was vital in terms of operating a good control environment. **Ms Thompson** explained how her team would regularly report key information on overpayments at Directorate Finance Focus Groups and hold teams to account. **Ms Thompson** added the overall numbers suggested it was not a systematic issue but remained a key focus to ensure all mitigating actions are taken.

**Mr Donaghy** referred to Case Number 2749 and sought assurance that in cases of gross misconduct such matters are recorded appropriately in cases where a staff member leaves their employment prior to the conclusion of an ongoing process. **Ms Hoy** provided additional information in relation to the specific case and **Ms Campbell** undertook to seek clarification from the Employee Relations team in respect of Mr Donaghy's query. **Mrs Quirk** sought assurance in respect of steps taken to mitigate against incidents of timesheet mis-use with **Ms Campbell** and **Ms Thompson** outlining how training and electronic reporting mechanisms assisted with such internal controls.

## **6.0**      **ITEMS FOR NOTING**

### **6.1**      **SEHSCT REVISED COMMITTEE MEETING DATES 2024**

Members noted **SET/AC/17/24 SEHSCT Revised Committee Meeting Dates 2024**.

### **6.2**      **DRAFT NON-EXECUTIVE DIRECTOR REPORT – SEHSCT ANNUAL REPORT & ACCOUNTS 2023/24**

Members noted **SET/AC/18/24 Draft Non-Executive Directors Report – SEHSCT Annual Report & Accounts 2023/24**. **Mr Brady** asked for reference to be included to mark the retirement of Mr Mawhinney and Dr Briscoe from Trust Board. **Mrs O'Hagan** suggested the decision-making role of Trust Board should also be highlighted within the draft working. **Mr McKinley** asked where the draft Report sat in terms of the Annual Report & Accounts process. **Ms Thompson** explained this was before the Committee for input at this early stage and would be before Members again at the next two forthcoming meetings before consideration by Trust Board for approval. **Mr McKinley** agreed with Mrs O'Hagan's remarks and asked where might reference to the impact of DoH decision-making on the ability to provide Mental Health services be included. **Ms Campbell** explained each Directorate had its own section within the Report and the challenges facing

this service would likely be articulated there. **Mr Brady** asked that any further comments be fed back to Ms Campbell and Mrs McNally in advance of the next Committee meeting.

## 7.0 REPORT FROM INTERNAL AUDIT

### 7.1 SEHSCT AUDIT COMMITTEE PROGRESS REPORT 2023/24

Members received, for discussion, **SET/AC/19/24 SEHSCT Audit Committee Progress Report 2023/24**.

**Mrs McKeown** referred to the Key Performance Indicators listed on the first page of the Report and advised her team had delivered 104% of SLA audit days up to 31 March 2024 while providing context to the internal targets listed therein. **Mrs McKeown** referred to Pages 3 & 4 of the Report where she had included the opinions relating to a number of Audits now completed – one of which relating to Payments to Staff which had been considered earlier in the meeting. **Mr Brady** asked when the overall Assurance level might be known for 2023/24 and **Mrs McKeown** replied this had not yet been finalised but would be advised by 3 May 2024.

**Mrs McKeown** then outlined the findings of the following Audits commencing at Page 27 of the Report namely:

- **Management of Contracts with Independent Nursing & Residential Homes**
- **Governance and Management of Use of Non-Medical Agency Workers 2023/24**
- **Operation of Trust Committee Structures 2023/24**

In respect of the Management of Contracts Audit, **Mr Brady** asked what more the Trust could do given it appeared key decisions needed to be progressed by SPPG. **Mrs McKeown** advised that the over-arching contractual arrangements required revision and updating - a process which sits with SPPG. **Ms Campbell** added SPPG had accepted the next steps were theirs to make. **Mrs O'Hagan** asked if it was a Limited rating because the Trust were not correctly following processes. **Mrs McKeown** reaffirmed the issues were linked to a contract no longer fit for purpose. **Mrs O'Hagan** sought assurance as to the Trust's monitoring of issues that might arise from the operation of the contract and **Ms Campbell** provided additional information in respect of the Trust's Quality Assurance monitoring. **Mrs O'Hagan** asked if there was anything additional the Trust should be taking forward and **Mrs McKeown** replied there was nothing specific contained within the findings of the Report.

**Mr McKinley** asked who was accountable for the delay in progressing a new contract. **Mrs McKeown** and **Ms Campbell** provided context to the process being undertaken where it was noted SPPG colleagues were currently leading on a solution to what has been a long-running matter. **Ms Campbell** advised there was a minimal procurement risk currently but the position continued to be actively monitored.

**Mr McKinley** asked if the Limited assurance provided for this Audit would adversely impact the Trust's overall assurance rating given the circumstances were largely outside of the Trust's control to progress. **Mrs McKeown** replied this would be factored in.

In respect of the Non-Medical Agency Audit, **Mr Brady** noted this had improved from Unacceptable to Limited assurance. **Mrs McKeown** advised that of the 12 recommendations made, 9 had been fully implemented including 1 Priority 1 recommendation which was welcomed progress but significant issues remain. **Mrs McKeown** also highlighted 3 significant findings contained therein. Mrs O'Hagan asked what EMT oversight there was in place in respect of off-contract usage and **Ms Thompson** advised this area was considered in detail as part of the work of the Agency Reduction Group of which all Directors were Members and on a two monthly basis by EMT at its weekly meeting. **Mr Brady** commended the significant overall reduction which was in his view a very positive development.

In respect of the Trust Committee Structures Audit, **Mrs McKeown** reported Satisfactory assurance with two key findings which **Mrs McNally** confirmed had been accepted. **Mr Brady** stated with the appointment of four new Non-Executive Directors earlier this year this in itself would strengthen the work of Board Committees and he was delighted with the findings contained within the Report.

## **7.2 SOCIAL CARE PROCUREMENT INTERNAL AUDIT RECOMMENDATIONS: FOLLOW-UP APPROACH**

Members received, for discussion, **SET/AC/20/24 Social Care Procurement Internal Audit Recommendations: Follow-Up Approach**.

**Mrs McKeown** explained she was proposing to lift the recommendations referred to out of the routine six monthly follow up of audit recommendations and update them only when a key milestone date falls due with the first such review proposed for March 2026.

Following discussion, Members agreed the approach was a sensible way forward for the recommendations linked as they are to required action regionally and without the ability of the Trust to implement.

## **7.3 IT AUDIT: SUBSTANTIVE FOLLOW-UP REPORT ON 2022/23 AUDIT**

Members received, for discussion, **SET/AC/21/24 IT Audit: Substantive Follow-Up Report on 2022/23 Audit**.

**Mrs McKeown** provided an update on progress made against the recommendations arising the aforementioned Audit noting this year's Limited rating of assurance was an improved result compared to last year's Unacceptable rating. **Mrs McKeown** stated that, of the 16 recommendations which had fallen due, 7 had been implemented fully and 9 had been partially so. **Mrs McKeown** stated there had been significant progress made welcoming efforts to reduce staff vacancy rates but noted there remained more work to be completed overall.

**Mr Brady** also welcomed the efforts made over the past year and stated he hoped for more progress in the time ahead. **Mrs Quirk** asked what steps had been taken to ensure the security of personal data particularly in the context of the implementation of the new encompass digital patient records system and **Ms Thompson** outlined how mandatory cyber-security and information governance training together with encompass specific measures worked together to support efforts to ensure patient data security.

#### **7.4 YEAR-END 2023/24 FOLLOW-UP REPORT**

Members received, for discussion, **SET/AC/22/24 Year-End 2023/24 Follow-Up Report**.

**Mrs McCaw** advised Members that during March 2024, her team had reviewed the implementation of accepted outstanding Priority 1 and 2 Internal Audit recommendations where the implementation date had now passed. **Mrs McCaw** reported that 216 (86%) of the 252 recommendations examined were now fully implemented and 26 (14%) were partially implemented. **Mrs McCaw** stated from the 108 recommendations reviewed, 59 (55%) related to significant findings which caused Limited or Unacceptable assurances to be provided adding of those 59 recommendations, 33 (56%) were fully implemented and 26 (44%) partially so during the follow up period being October 2023 to March 2024.

**Mrs McKeown** stated only two of the eighteen Reports which contained significant findings had not seen sufficient progress made. **Mr Brady** asked for confirmation as to which Reports this referred to and **Mrs McKeown** confirmed this related to Management of Medical Devices 2021-22 and Care Management 2021-22. **Mr Brady** asked that these be recorded within the minutes. **Mrs O'Hagan** asked what EMT's view was on the two aforementioned Reports and **Ms Thompson** provided an update in respect to actions being taken internally on both including her own role as Co-Chair of the Trust's Medical Devices Committee.

#### **7.5 BSO INTERNAL AUDIT UNIT: EXTERNAL QUALITY ASSESSMENT REPORT**

Members received, for discussion, **SET/AC/23/24 BSO Internal Audit Unit: External Quality Assessment Report**. **Mrs McKeown** advised the Report before Members was the outcome of an external assessment which must be completed at least once every years under Public Sector Internal Audit Standards (PSIAS). **Mrs McKeown** stated that the Overall Rating achieved was 'Generally Conforms' which was a positive outcome as it represented the highest level achievable. **Mrs McKeown** also recorded thanks to all those who had participated in the exercise.

**Mr McKinley** sought clarification on Value for Money benchmarking in the context of counterparts elsewhere. **Mrs McKeown** replied this had been done in the past and she undertook her own benchmarking against NHS providers.

## **8.0 REPORT FROM EXTERNAL AUDIT**

There were no matters for consideration.

## **9.0 ITEMS FOR ESCALATION**

**Mrs O'Hagan** sought clarification as to whether the Audit findings relating to Job Planning should be formally escalated under this process. Following discussion and in light of the decision take earlier in the meeting to prepare a report, Members agreed that this be escalated for Trust Board consideration. **Mr Brady** requested the paper should ideally be no more than one page in length.

## **10.0 ANY OTHER BUSINESS**

There were no other items of business raised.

## **11.0 DATE AND VENUE OF NEXT MEETING**

**Mr Brady** advised the next meeting would be held on Thursday 9 May 2024 at 12noon at Trust Headquarters, Ulster Hospital, Dundonald.

**Mr Brady** thanked everyone for their participation and declared the meeting closed at 2.36pm.